FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 1444 | 131 |
|-----------------|--------------|
| OMB APP | ROVAL |
| OMB Number: | 3235-0076 |
| Expires: | May 31, 2005 |
| Estimated avera | age burden |

hours per response. 16.00

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| | 1 1 | |

| OHIO KENTUCKY Oil. CORPORATION Overton County Program #8-1 Joint-Venture Rule 505 Rule 506 Section 4(6) ULOE | cessing |
|--|---|
| A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) OHIO KENTUCKY OIL CORPORATION/ Overton County Program #1 Joint-Venture Address of Executive Offices (Number and Street, City, State, Zip Code) 5112 Portage St. N. W. North Canton, OH 44720 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business The Development of Oil & Gas Properties Type of Business Organization limited partnership, already formed other (please specify): Type of Business trust limited partnership, already formed other (please specify): Type of Business Type of Business (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 714(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after twhich it is due, on the date it was mailed by United States registered or certified mail to that address. Copies Required: Eive (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed. | ~ |
| Name of Issuer (| OI] |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) OHIO KENTUCKY OIL CORPORATION/ Overton County Program #1 Joint-Venture Address of Executive Offices (Number and Street, City, State, Zip Code) 5112 Portage St. N. W. North Canton, OH 44720 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business The Development of Oil & Gas Properties Type of Business Organization corporation | 7008 |
| OHIO KENTUCKY OIL CORPORATION/ Overton County Program #1 Joint-Venture Address of Executive Offices (Number and Street, City, State, Zip Code) 330-494-8810 Telephone Number (Including Area 330-494-8810) Telephone Number (Including Area 340-890) Telephone Number (Including Area 340-890) | |
| OHIO KENTUCKY OIL CORPORATION/ Overton County Program #1 Joint-Venture Address of Executive Offices (Number and Street, City, State, Zip Code) 330-494-8810 Telephone Number (Including Area 330-494-8810) Telephone Number (Including Area 340-890) Telephone Number (Including Area 340-890) | n, DG |
| 5112 Portage St. N. W. Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business The Development of Oil & Gas Properties Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed. | |
| Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed. | Code) |
| Brief Description of Business The Development of Oil & Gas Properties Type of Business Organization | C- 1-) |
| Type of Business Organization limited partnership, already formed other (please specify): business trust limited partnership, to be formed Other (please specify): Month Year Actual or Estimated Date of Incorporation or Organization: O 4 O 4 O 5 O 5 O 6 O 6 O 6 O 7 O 7 O 7 O 7 O 7 O 7 O 7 | (Code) |
| Type of Business Organization limited partnership, already formed other (please specify): business trust limited partnership, to be formed Other (please specify): Month Year Actual or Estimated Date of Incorporation or Organization: O 4 O 4 O 5 O 5 O 6 O 6 O 6 O 7 O 7 O 7 O 7 O 7 O 7 O 7 | (CIDIO 1881 (101) |
| Type of Business Organization limited partnership, already formed other (please specify): business trust limited partnership, to be formed Joint Doint Verification Other (please specify): Month Year Actual or Estimated Date of Incorporation or Organization: Other (please specify): Month Year Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction Characteristic CN for Canada; FN for other foreign jurisdiction Characteristic Other | |
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| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed | Securities the date or |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed photocopies of the manually signed copy or bear typed or printed signatures. | |
| | ed must be |
| Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, at thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appnot be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | ny changes |
| State | ny changes |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state ware to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper am accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitute this notice and must be completed. | ny change endix nee |
| Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to f | ny change, endix need ve adopted where sales |

| A. BASIC IDENTIFICATION DATA | |
|--|--|
| 2. Enter the information requested for the following: | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | |
| Each promoter of the issuer, it the issuer has been organized within the past five years, Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of | a class of aguity securities of the issuer |
| | |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of | partnership issuers; and |
| Each general and managing partner of partnership issuers. | • |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Spaulding, Johnnie Y. | 1 |
| Business or Residence Address (Number and Street, City, State, Zip Code) 5112 Portage St. N. W. N. Canton, OH 44720 | . 1 |
| Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Campbell, Carol L. | \$1 |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| 5112 Portage St., N.W. N. Canton, OH 44720 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or. Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| · | <u> </u> |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | |

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|--|---|--|--|--|---|---|---|---|-------------------------------|-----------------------------|----------------------|---------------------------------------|
| | | | | • | | | | in this offer | | | Yes 🔲 | No 🔀 |
| 1. Has to | ie issuei so | ia, or aces i | | | | | | g under UL | | | ·· [_] | <u>(X</u>) |
| 2. What | is the mini | mum investi | | | | | | | | | § 15 | 5,112.50 |
| | | | | | | | | • | | | Yes | No |
| | | | | | | | | | | | _ | |
| comm If a per or state a brok | ission or sir rson to be li es, list the r er or deale | nilar remund sted is an as name of the b r, you may s | eration for sociated p proker or d set forth th | solicitation erson or ag ealer. If m | n of purchas ent of a bro iore than fiv | sers in conr ker or deal ve (5) perso | ection wit er register ins to be li | r given, dire th sales of se ed with the sted are asso ly | curities in SEC and/o | the offering with a stat | g. te | |
| Full Name No Comm | - | : first, if ind Be Paid | ividual) | | | | | | | | | * |
| | | ·A'ddress (N | Jumber an | d Street, C | City. State: | Zip Code) | | re v | 2 | | • | |
| | , , | | | | | , | | | | | | |
| Name of As | ssociated B | roker or De | aler | | | , | ٠ | , | í | • , | ; | · · · · · · · · · · · · · · · · · · · |
| States in W | hich Perso | n Listed Ha | s Solicited | or Intend | s to Solicit | Purchasers | 5 | ار د د. اد د د | ? for | | | |
| (Check | "All State | s" or check | individua | l States) | | ······································ | | | ļ | | A | ll States |
| AL IL MT | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |
| Full Name (| (Last name | first, if indi | ividual) | | | | | | | | | |
| Business or | r Residence | Address (1 | vumber an | d Street, C | City, State, | Zip Code) | | | ı | <u> </u> | | <u> </u> |
| | | | | | | | | | | | | |
| Name of As | sociated B | roker or Dea | aler | | | | | | | | | |
| States in Wi | hich Persor | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | ** | | | | |
| (Check | "All State: | s" or check | individual | States) | | ••••• | | | •• | | ☐ Al | ll States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Full Name (| Last name | first, if indi | vidual) | | | | | | | | | • |
| Business or | Residence | Address (N | lumber an | d Street, C | City, State, 2 | Zip Code) | | | | | | |
| | | | <u> </u> | | | | | | | | | · |
| Name of Ass | sociated Br | oker or Dea | ler | | | | | | | | | |
| States in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | | | | |
| (Check | "All States | " or check i | ndividual | States) | , | •••· | ••••• | | | | ☐ Al | l States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | C | | |
|----|--|----------------------------|------------------|-------------------------------|
| | Type of Security | Aggregate Offering Pric | | Amount Aiready Sold |
| | Debt | S | | s |
| | Debt 32 WITS 6 \$ 30, 225.00 LA. | s 967,200.00 | , | s 362,700.00 |
| | Common Preferred | <u> </u> | _ | |
| | Convertible Securities (including warrants) | \$ | - | \$ |
| | Partnership Interests | \$ | | \$ |
| | Other (Specify | s | | \$ |
| | Other (Specify) | \$ 567,200.00 |) .] | \$.362,700.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE | | _ | · |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | Aggregate |
| | | Number Investors | | Dollar Amount of Purchases |
| | Accredited Investors | 11 | | § 362,700.00 |
| | Non-accredited Investors | | | \$ 0.00 |
| | Total (for filings under Rule 504 only) | | | \$ 362,700.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | _ | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | |
| | Type of Offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | - | \$ |
| | Regulation A | | _ | .\$ |
| | Rule 504 | | _ | \$ |
| | Total | | _ | \$_0.00 |
| ļ | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | | \$ |
| | Printing and Engraving Costs | | / | \$_1,000.00 |
| | Legal Fees | | | S |
| | Accounting Fees | | | \$ |
| | Engineering Fees | | \supset | \$ |
| | Sales Commissions (specify finders' fees separately) | | _ | \$ |
| | Other Expenses (identify) Blue Sky Fees and Expenses | | _ フ | \$ 3,000.00 |
| | Total | | _ Z] | \$ 4,000.00 |

| L | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A | 1 | | · · · · · · · · · · · · · · · · · · · |
|---------------|---|-----------------------------|---|---|
| | b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C — Question 4.a. This difference is the "proceeds to the issuer." | adjusted gross | | 963,200.00 \$ |
| 5. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish an check the box to the left of the estimate. The total of the payments listed must equal the a proceeds to the issuer set forth in response to Part C — Question 4.b above. | estimate and | | |
| | | | Payments t Officers, Directors, Affiliates | & Payments to Others |
| | Salaries and fees | [| | 🗆 \$ |
| | Purchase of real estate | [| | s |
| | Purchase, rental or leasing and installation of machinery and equipment | | | |
| | Construction or leasing of plant buildings and facilities | - | | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | ר. י | \$ |
| | Repayment of indebtedness | | | 🗆 \$ |
| | Working capital | [| | 🗆 \$ |
| | Other (specify): (Turnkey Drilling, Testing, and Development Costs) | | y \$ 967,200. | <u>00</u> |
| | <u> </u> | | | |
| | | |] \$ | [s |
| | Column Totals | | § 967,200. | 0.00 |
| | Total Payments Listed (column totals added) | | | |
| | D. FEDERAL SIGNATURE | · · | | |
| sign: he i | ssuer has duly caused this notice to be signed by the undersigned duly authorized person sture constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchaformation furnished by the issuer to any non-accredited investor pursuant to paragra r (Print or Type) | ange Commissiph (b)(2) of R | sion, upon wri kule 502. Date | Rule 505, the following tten request of its staff |
| ОН | O KENTUCKY OIL CORPORATION/ Overton & Charles | | 8-26-08 | |
| | e of Signer (Print or Type) Title of Signer (Print or Type) | | | |

ATTENTION

| | | | E. STATE SIGNATURE | | |
|----|------------------------|-----|--|-----|----|
| ı. | | | ently subject to any of the disqualification | Yes | No |
| | provisions of such rul | lc? | · | | X |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature /// | Date - |
|---|--|---------------------------------------|
| OHIO KENTUCKY OIL CORPORATION/ Overton Co | Marile In Comment | 8-26-08 |
| Name (Print or Type) | Title (Print or Type) | |
| Carol L. Campbell | Carol Campbell, Ples. of Chio Kentucky | Oil Corp., the Corporate General Ptr. |
| | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | • : | | | , Al | PPENDIX | | | | | |
|-------|----------|---|--|--------------------------------------|--|--|--------|-----|--|--|
| 1 | to non-a | d to sell accredited es in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | , . | | | | | | | |
| AK | | | | | · | ': | | | | |
| AZ | | · | | | | | | | | |
| AR | | | | | | 1.13 (1.1 | 18214 | | | |
| CA. | | × | 30,225.00 | 3 | \$75,562.00 | 0 : | \$0.00 | ! | × | |
| co | | · × | 30,225.00 | 1 . | \$30,225.00 | 0 | \$0.00 | | · x · | |
| CT | | | | | | | | | | |
| DE | | | | | | | | | | |
| DC | | | | | | | | | | |
| FL | | × | 30,225.00 | 1 | \$90,675.00 | 0 | \$0.00 | | × | |
| GA | | × | 30,225.00 | 1 | \$30,225.00 | 0 | \$0.00 | | × | |
| HI | | | | | | | | | | |
| ID | | | | | | | | | | |
| IL | | × | 30,225.00 | 1 | \$30,225.00 | 0 | \$0.00 | | × | |
| IN | | | | | | , | | | | |
| IA | | | | | | | | | | |
| KS | | | | | | | | | | |
| KY | | | | | | | | | | |
| LA | | | | | | | | | | |
| ME | | | | | | | | i | | |
| MD | | | | | | | | | | |
| MA | | 40.00.00.00.00.00.00.00.00.00.00.00.00.0 | | | | | | | | |
| MI | | × | 30,225.00 | 1 | \$30,225.00 | 0 | \$0.00 | | × | |
| MN | | ***************** | | | | | | | <u> </u> | |
| MS | | | | | | _ | | | | |

| ! | | | | API | PENDIX | | | 4F | · · |
|-------|----------|---|--|--------------------------------------|-------------|--|-----------|--|--|
| 1 | | 2 | 3 | | | 4 | | 5 | |
| | to non-a | d to sell accredited rs in State B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | f investor and irchased in State t C-Item 2) | | under Sta (if yes, explant waiver | lification ate ULOE attach ation of granted) -Item 1) |
| State | Yes | No | 1.14. 1 1.14. 1 | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | A.mount · | Yes | No |
| МО | | | Annual Control of the | | | • | | | |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | - | | | |
| NH | | | | | | | | | |
| NJ | | × | 30,225.00 | 1 | \$15,112.50 | 0 | \$0.00 | | × |
| NM | | | | | | | | | |
| NY | | | | · | | | | | |
| NC | | | | | | l 1 | | | |
| ND | | | | | | | | | |
| ОН | | | | | | | | | |
| ок | | | | | | | | | |
| OR | | | | | | | | | |
| PA | | | | | | : | | | |
| RI | | | | | | | | | |
| SC | | | | | | | | | |
| SD | | | | | <u> </u> | | | | |
| TN | | | | | | | | | |
| TX | | × | 30,225.00 | 1 | \$30,225.00 | 0 | \$0.00 | | × |
| UT | | | | | | | | | |
| VT | | | | | | | | | |
| VA | | × | 30,225.00 | 1 | \$30,225.00 | 0 | \$0.00 | | × |
| WA | | | | | | • | | | |
| wv | | | | | | | | | |
| WI | | | | | | | | | |

| | · | | | APPI | ENDIX | | | | |
|----------|----------|---|--|---------------------------------------|-----------|---|--------|---|--|
| 1 | | 2 | 3 | | | 4 | | 5 Disgua | lification |
| | to non-a | to sell accredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | f investor and rchased in State C-Item 2) | | under St (if yes explan waiver | ate ULOE, attach attion of granted) -Item 1) |
| State | Yes | . No | | Number of Accredited Investors: | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY PR | | | | | | | | | , |

